Annual Management Report

2024

Lead • Grow • Innovate

Pathways to Independence

Artwork by supported individual, David, 2024

Why this Report?

Continuous Improvement

The Commission for the Accreditation of Rehabilitation Facilities (CARF) is an independent, non-profit accreditor of health and human services. The CARF standards are internationally recognized. Pathways believes that reviewing our services against CARF standards allows us the opportunity to continuously improve our services and demonstrate our commitment to transparent and accountable practices. We received our sixth, three-year accreditation in February 2025 for the following programs:

This management report describes Pathways plans, summarizes the feedback we have received from our key stakeholders, and details outcomes and indicators that we use to determine our decisions and guide the next steps in our journey of continuous improvement.

The data in this Management Report is based on **the Fiscal Year of April 1, 2024 – March 31, 2025.**

Vision, Mission, Values & Guiding Principles

Vision

"That all people enjoy a high quality of life as an accepted member of their chosen community"

Mission

"We support people in living their best lives"

We serve

"People with acquired brain injuries and/or developmental disabilities who may also have complex needs"

Values & Guiding Principles

- **Create belonging & acceptance**
- **Nurture curiosity & creativity**
- **Empower people & teamwork**
- **Help, always**
- **Help everyone make a difference**
- **Create homes, not houses**
- **Value uniqueness, personal growth & independence**

Who are we?

We Support People in Living their Best Lives

Pathways to Independence is a community-based agency providing assisted community living services and supports to over 400 adults living with an acquired brain injury (ABI), and/or developmental disability who may also have complex needs based on their unique goals, abilities and choices.

Operating in the Eastern Region of Ontario with offices in Belleville and Ottawa, our services include:

+ **Supportive housing options,**
+ **Centre and community-based vocational and recreation programs,**
+ **Psychiatric counselling,**
+ **Behaviour therapy, and,**
+ **Respite.**

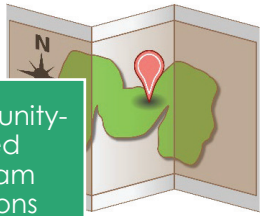
Our supports are provided by professional staff, contracted services with community partners, medical and clinical professionals, family home providers and volunteers. Pathways Client Services team has primary responsibility for the provision of direct care to the people we support.

Pathways at a Glance

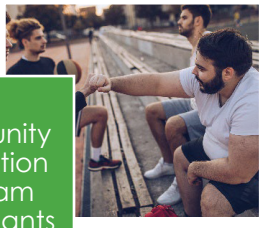
415 supported individuals

36 homes & apartments

500 dedicated, professional employees



4 community-based program locations



397 community integration program participants

Overview of Supports & Service

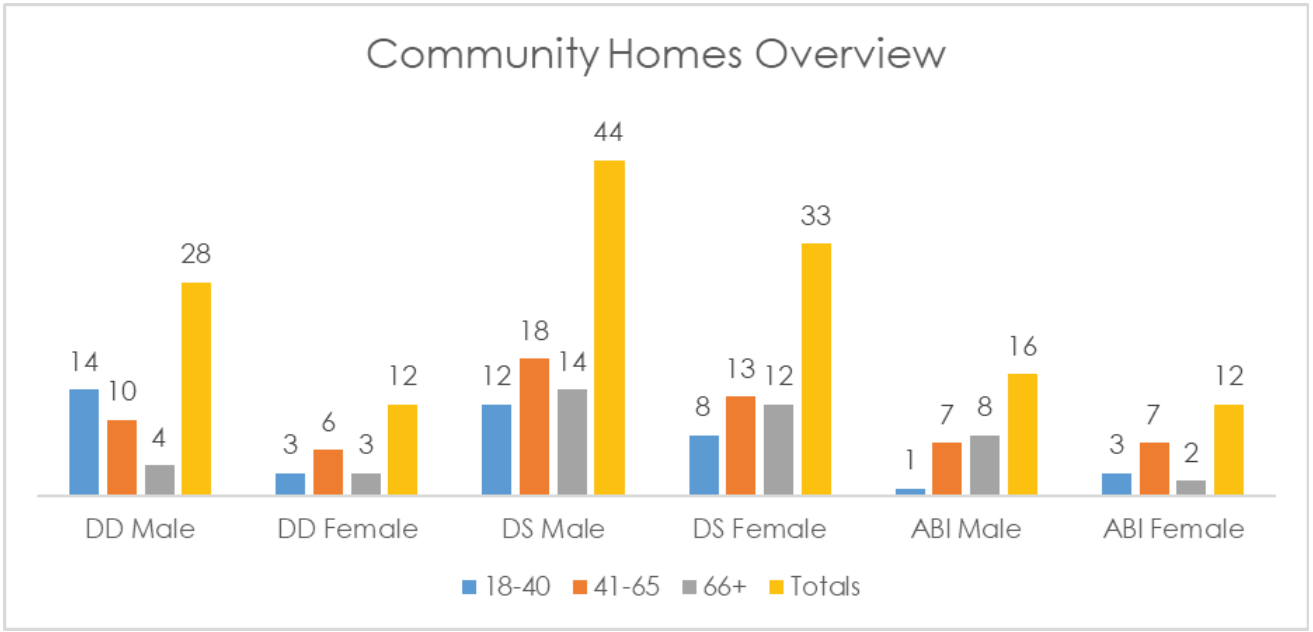
Community Homes

Staffed seven days a week, 24 hours a day, our supported homes provide a caring environment for small groups of adults making and sharing a home. Located in both rural and urban environments across Southeastern and Eastern Ontario, Pathways homes are customized to meet the physical and social needs of the people we support.

In 2024, Pathways operated 27 community homes.

- 13 in Belleville
- 2 in Kemptville
- 3 in Napanee
- 1 in Ottawa
- 4 in Prince Edward County
- 3 in Quinte West
- 1 in Renfrew

For Canada Day, **James and Chris** worked together to build a wooden Canadian flag for McGovern's front yard.

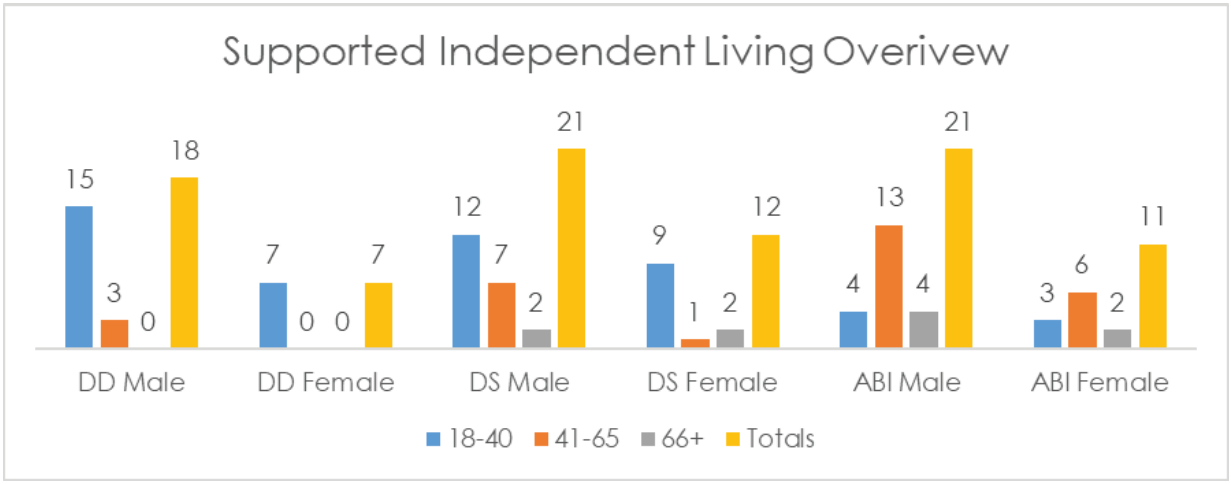


Supported Independent Living (Supported Living)

For clients who prefer and can live on their own, Pathways to Independence assists adults to find apartments and provides professional staff support based on their individual needs.

The agency provides Supported Independent Living programs for people living with an acquired brain injury in Belleville, and for people with a developmental disability in Belleville and Ottawa.

In 2024, Pathways supported 90 individuals in our SIL programs.

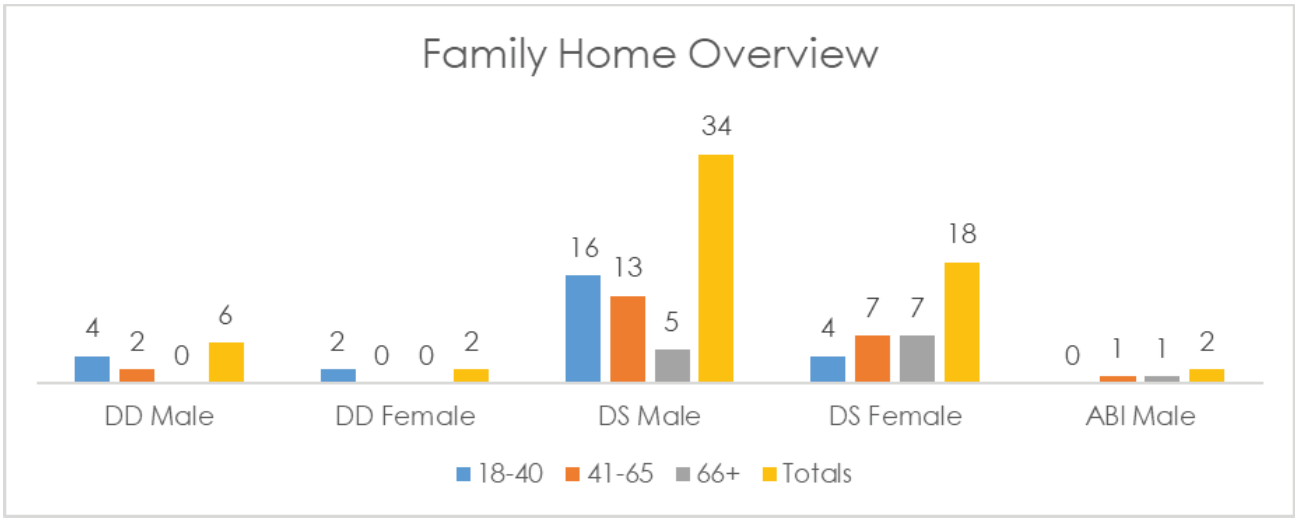


SIL individuals **Barbara and Garry** were married in the Community Room surrounded by friends, family and staff members.

Family Home (Host Family Services)

Many adults with cognitive impairments are able and prefer to live with a Host Family. Following a rigorous approval and matching process that includes assessing shared interests, compatibility, location and access to services, a supported person lives with another family and shares in their lives. Supported by their natural family and professionals from Pathways to Independence, the Family Home program provides a stable living option to people with an acquired brain injury, a developmental disability and those who may have complex needs.

In 2024, 54 host families supported 62 individuals.



Family Home individuals and staff travelled to Dominican Republic in November to enjoy some sunshine and sand. **Jordan**, enjoy a swing in the breeze on the beach while in the evenings, **Crystal** and **Allan** enjoyed live music and dancing!

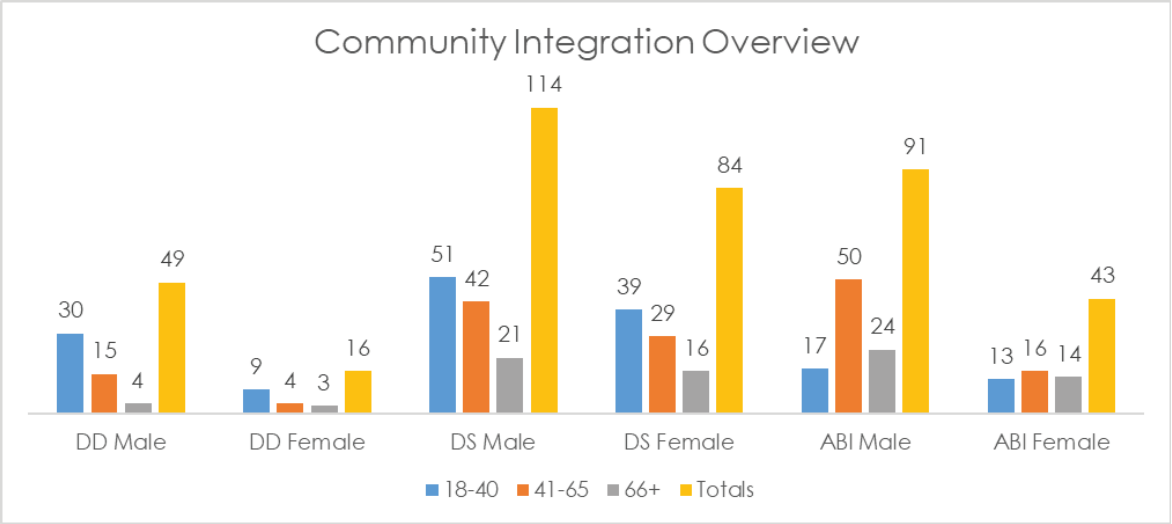
Community Integration

Our centre-based and community-based programs and services are offered to the people we support, as well as other members of the community who can benefit and enjoy our services within the greater Quinte and Ottawa regions.

Individuals participating in the Passport Program may choose to use their funding to pay for these community-based programs. Funding for this program comes directly from the provincial government and it is up to the person who receives the money to decide how they would like to spend it. Participants with Passport funding can live independently and need not be involved in any other Pathways program.

The biggest success of the year was the Baseball Challenge held in June with approximately 200 attendees. Our supported individuals challenged Pathways managers and took home the win!

In 2024, 397 supported individuals participated in Pathways programs, 118 of those individuals are not in any other Pathways program.



Renfrew Club ABI participants **Robert, Issac, Brandon, Diane, Bernice and Shelly** had welcomed a member of the Golden Lake reserve to teach them to make their own moccasins.

This year's Baseball Challenge had an incredible turnout with over 200 supported individuals and staff taking part.

Respite Services

Pathways to Independence provides temporary accommodation at a 24 hour Supported Home or a family home in an emergency or as a break from other living arrangements. Our contract with each Family Home Provider (Host Family) provides a number of days of respite per year. The supported person living with Host Family would live in an existing community home or family home network within Pathways for the duration of the host family's respite period.

A total of 3538 days of respite were delivered over the fiscal year.

- This year's Garden Challenge theme was whimsical fairy magic and the winners were;

1st Charles

2nd Burnham

3rd Frankford

A comfy backyard bench and commemorative plaque were donated to William Street by **Gary's** family in his memory.

How are we doing?

About the Pathways Management Report

Pathways' primary purpose is to provide services to adults with disabilities in ways that enhance their quality of life while ensuring the most efficient and effective use of human and financial resources. Efficient and effective are terms often assumed to be about controlling costs, and in many management-driven data reports, effective and efficient indicators are used that reflect costs, time used or saved, or number of instances a service or other utility is accessed. Providing data that measures a person's quality of life is extremely difficult to do in a quantifiable manner. This management report identifies measurements and data to illuminate agency growth and direction informed by our vision, mission, values and guiding principles. Where practical, benchmark and outcome measures have been identified with best demonstrated practices, external research, and/or past internal history and in all cases provide a baseline for us to establish goals and objectives to further enhance our services and programs.

Stakeholder Engagement and Feedback

To learn and grow, an organization requires feedback. To change, an organization needs to set goals and measure results to improve processes and programs. The process of stakeholder feedback and meaningful outcome measurement is a key principle of CARF accreditation.

Pathways to Independence has both formal and informal channels to solicit feedback. These include:

- **Stakeholder Surveys (Client & Employee)**
- **Complaint and Appeal Processes**
- **Web-Based Anonymous Feedback**
- **Community Member Involvement on Sub-Committees of The Board, such as The Quality Assurance Committee**
- **Informal Feedback from Community Partners**

Stakeholder Surveys

In preparation for Pathway's CARF Accreditation Survey that took place in February 2025, the organization conducted stakeholder surveys with our supported individuals and employees. The surveys are prepared by uSPEQ, a survey partner of CARF. uSPEQ designs and assists in the implementation of both client and employee satisfaction surveys in organizations around the world and prepares benchmark reports to assist agencies in comparing their results with those of similar organizations.

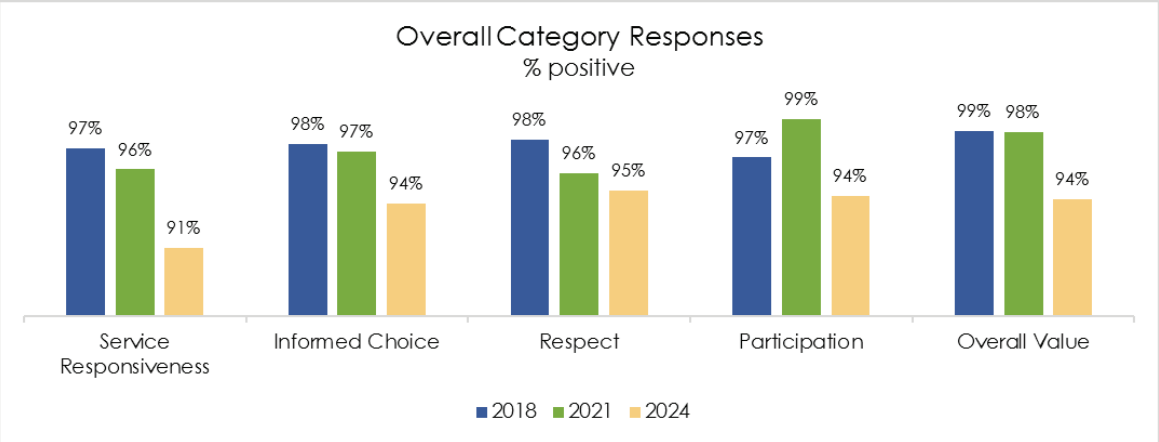
Pathways is accredited under the Employment and Community Services standards which contain approximately 2000 standards. In addition to the standards which cover the organization's business functions, Pathways is accredited in the program sections for Host Family, Respite Services, Community Integration, Supported Living and Community Housing.

Client Satisfaction Survey

The Client Satisfaction Survey was conducted in June and July 2024 and every supported individual was provided the opportunity to participate. 180 supported individuals took the time to give us their thoughts about how things are going at Pathways and respond to the survey. The results were shared with Pathway's staff, clients, their families and our other stakeholders in December 2024.

"It's quality services that make all the difference for me. I feel continuously supported and that was a big need for me... Pathways has been there reliably and with sincere integrity. I feel accepted."

The graph below shows the results for all categories and compares the results to those of the 2018 and 2021 surveys. We see relatively stable **positive responses** ***(response of agree or strongly agree)*** this year with decreases in Service Responsiveness, Participation and Overall Value. New CARF required statements were added to the survey this year which impacted overall category results as there was no 2018 data to compare it to.



What do you like about Pathways?

"I am always treated like an individual. Staff are very helpful and accommodating. Staff go above and beyond. It's the best place in the world for anyone who has had a brain injury."

- They're just important… they don't judge, they listen and help.
- All the staff are helpful and open arms, I'm happy!
- Very friendly community [and] options for socializing.
- [Staff] don't tell me what to do – I like my independence!
- Home and housemates, programs and socializing.
- Everything. I enjoy being with [people], I have been with Pathways for 15 years.
- I like everything about Pathways. They go out of their way to help you, above and beyond. They push you to make you a better person and get you out and involved. If it wasn't for Pathways, I don't know what I'd do. [There's] always lots going on and something different every day.
- Parent of SI – Thank you for providing [name] with the best life possible, given the circumstances.

Highest Scoring Responses

I make choices that are important to me.	**97%**
When I need help to do everyday life activities, I get the help I need.	**97%**
I can do the things I want to do because of the services I receive at Pathways.	**97%**
Pathways services were explained in a language (or in a way) I understood.	**96%**
Staff members are respectful of my culture.	**96%**

Lowest Scoring Responses

If I need help in the community, I know where and how to get help.	**90%**
I am able to get what I need at Pathways when I need it.	**90%**
I tell friends and family that Pathways is a good place to get services.	**90%**
There are enough staff members available to help me when I need it.	**87%**
I do not have to wait a long time for support.	**86%**

Action Planning

The results of this survey have a direct impact on the objectives set out in the agency's performance measurement and management and performance improvement program, referred to as Quality Assurance. Each year the Quality Assurance Plan is reviewed for relevancy and updated based on guidance from our Strategic Plan as well as the feedback we receive from the people we support.

The outcomes from the 2024-25 Quality Assurance Plan can be found on pages 18-24. In preparation of our 2025-26 fiscal year, the results of this survey were reviewed by the Manager, Quality Assurance/Risk Management & Accreditation and in consultation with our Executive, program Managers and other stakeholders, new objectives were created focusing on the areas of Service Responsiveness, Participation and Overall Value.

SERVICE RESPONSIVENESS

I do not have to wait a long time to get support. (86% down from 90%)
Staff members help me with my problems. (91% down from 100%)

PARTICIPATION

If I need help in the community, I know where and how to get help. (90% – new 2024)
I am able to do things I need without major barriers. (93% – new 2024)
I get the assistive technology/equipment I need to help me with my goals. (93% – new 2024)

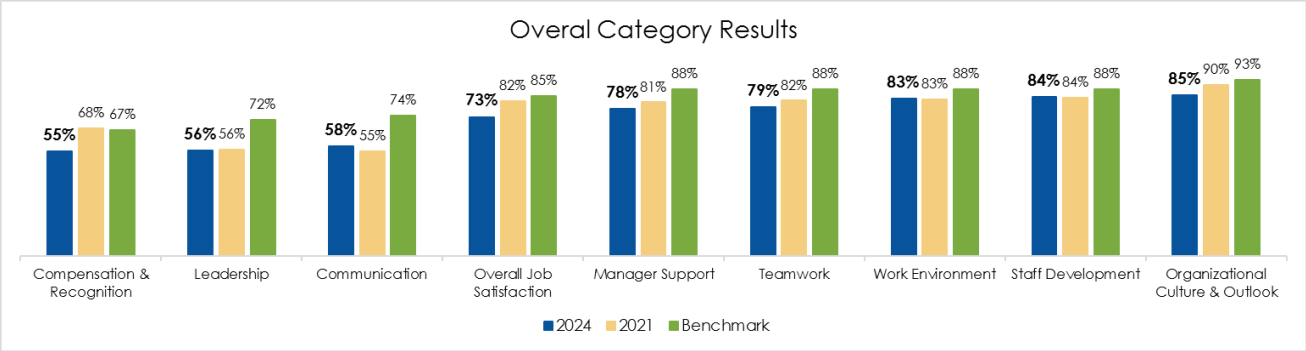
OVERALL VALUE

I tell friends/family that Pathways is a good place to get services. (90% down from 97%)
Pathways meets my needs. (94% down from 99%)
I like being part of Pathways. (94% down from 99%)

Employee Survey

The Employee Survey was conducted in October 2024 with over 200 (50% response rate) employees participating in the anonymous, online survey providing feedback on workplace culture and experience. The results were shared with Pathway's employees and our other stakeholders in March 2025.

The graph below shows the results for all categories and compares the results to those of the 2021 Pathway survey and the 2025 uSPEQ Benchmark report data. We see relatively stable **positive responses *(response of agree or strongly agree)*** in comparison with our 2021 survey in the areas of Leadership, Communication, Manager Support, Teamwork, Work Environment, and Staff Development. We note decreases in Compensation & Recognition, Overall Job Satisfaction and Organizational Culture & Outlook.



Although we see an increase in positive responses to communication-related questions, there is still work to be done. The agency continues to focus on communication at every level, whether that's through staff meetings and planning days, cross-departmental monthly meetings, or agency-wide quarterly updates from the CEO. Internal communications have been centralized through the Pathways SharePoint site and our worksites are in the process of migrating their document management procedures to SharePoint and the OneDrive platforms.

There have been some significant changes in leadership throughout the agency in the last year and we recognize the impact that it has on culture and overall outlook. Training and development of agency leaders, from Team Leaders to Managers and Executive, is a priority in 2025 as those new to their roles learn how to navigate their expanded responsibilities. The agency has sought professional support from external consultants to train and coach our leaders so there is a consistent and unified approach within the agency.

As a non-profit organization, our funding primarily comes from the Ministry of Children, Community and Social Services and Ontario Health. We are continually navigating the challenges and changes of our socioeconomic and political climates, which have a direct impact on our overall budgets and operations. Our mission is *Supporting people in living their best lives* and that philosophy extends to the people working for the agency. We recognize that limitations on salary increases directly impacts the lives of our employees and their overall job satisfaction. We continue to advocate at the government level for adequate funding and support for competitive compensation. As a unionized environment, we also work under the guidance of the Collective Agreement with its agreed upon job descriptions and wage structure. Bargaining for a new agreement is underway and the agency will continue to act in good faith on the collaboration of a fair and equitable agreement.

Highest Scoring Responses

Our staff love what they do and the people we support.

We heard that employees are confident in their job performance and the Pathways mission. Employees have respectful and open communication with their managers and work effectively and collaboratively with colleagues.

I am aware of Pathways mission.	**97%**
I understand my job responsibilities	**96%**
Pathways demonstrates that it values diversity.	**89%**
My manager treats me with respect.	**89%**
My coworkers and I work well together.	**89%**

Lowest Scoring Responses

Our staff want to be appreciated, heard and informed by their leaders.

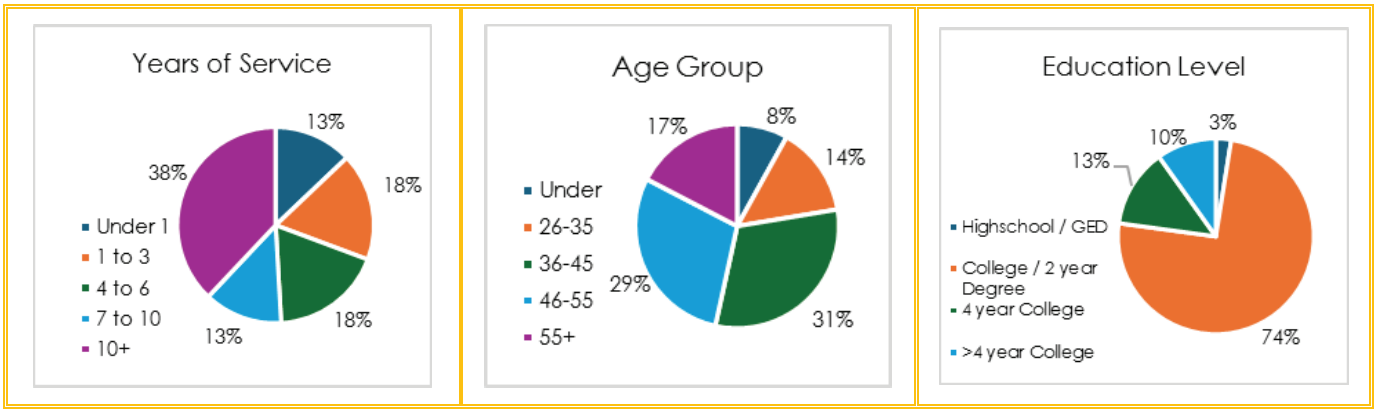
We heard that employees want to be compensated better and be given more opportunities to contribute their ideas. Employees want those ideas and concerns to be heard and to be more consistently informed and led by their leaders.

I am paid fairly for the work I do at Pathways.	**47%**
I am asked for input and/or ideas when important decisions are made that affect my work.	**50%**
I am kept informed about plans/progress at Pathways.	**52%**
I believe that Pathways is being managed effectively by leadership.	**55%**
I believe the leadership is well informed about staff concerns and issues.	**56%**

Some of the concerns addressed:

+ **Forced Overtime**
+ **Sick Time**
+ **Employee Orientation**
+ **Locked Doors at Belleville Office**
+ **Training / Using SharePoint**
+ **Home Moves/Closures**

Demographics of Pathways Employees



Web Based Anonymous Feedback

In an effort to ensure that all people have the opportunity to provide feedback to the agency, Pathways provides an anonymous email-based feedback process on our website: **www.pathwaysind.com**. In all situations the feedback email message is forwarded to the appropriate Manager with a copy to the Executive management team. If the individual provides their name, the Manager will respond to the person directly. We encourage people to provide their name and contact information so that we can respond directly and engage in further discussion. If the person submitting the feedback wishes to remain anonymous, the email is forwarded on to the appropriate Manager for information.

In 2024, we did not receive any messages or complaints through the anonymous feedback form on our website.

We received one inquiry through our Friends of Pathways Facebook page regarding service intake which was responded to and directed to our Client Services Manager, Intake.

We received one complaint from a neighbour at one of our community homes. The concerns were investigated and it was determined that neither one of our staff or supported individuals were the source of their concern. The complaint was resolved to the complainant's satisfaction.

We received one complaint from a supported individual with respect to the way a staff member spoke to them. The Client Services Manager for the home intervened and the individual was pleased with the dialogue that followed to resolve the conflict.

Where are we going?

Strategic Planning Process

Pathways Board of Directors worked closely with an external strategic planning consulting group to create a new Strategic Plan in 2021. In partnership with Pathways Executive team members, the consultants developed a robust process to understand and assess current strengths, explore the external environments we operate in, and engage multiple stakeholders to gather data, feedback, and input to guide the agency's future growth.

What did we learn?

The needs of the people we support are changing.

- More supported individuals have complex needs, increasing mental health needs, aging & palliative care.
- Greater need for independent living environments with supports offered as needed.
- Increasing requirements for clinical supports and services.

Developmental Services and Health Community Services Sectors are in long term transformation process with unknown potential longer-term impacts.

- Ministry of Children, Community and Social Services (MCCSS) initiated the "Journey to Belonging" Transformation Agenda in 2020. The focus is to create a more consumer-driven model for people living with developmental disabilities and their advocates to tailor services and supports to meet their unique needs. A shift to individualized funding is being closely analyzed and will be implemented over the next several years.
- Ontario Health continues to transition more people from alternative long-term care to community living services and supports.

Changing needs of the people we support requires specialized knowledge and skills for direct care employees.

- Focus on supporting more people with developmental and mental health conditions.

Continuing to develop the skills of persons served.

- Increasing desire to live independently requires continued focus on inclusion in workforces, skill development, behaviour management and social life skills.

Internal processes require streamlining and automation to ensure more efficient and effective delivery of services.

- Agency growth, more complex regulatory requirements and advancing technologies require a different lens to streamline and automate process to make work easier for employees, enhance services to individuals and reduce costs to the agency.

How will we address these needs?

Lead

Create relationships and capacity to deliver more coordinated, comprehensive services for individuals with complex needs.

Priorities	Year 1	Year 2	Year 3
Partner with others to improve access to specialized services.	Partner with external agencies to develop transitional and independent living supports.	Build upon partnerships to access key services.	Evaluate and improve/expand upon existing services.
Develop strategies to achieve effective housing outcomes.	Review options for models of affordable housing, including funding and partnerships.	Finalize plan for preferred model(s) for affordable housing.	Begin implementation and evaluation of housing model(s).
Work with others to transform the systems of services and supports.	Support and provide input to Journey to Belonging, and Ontario Health initiatives.	Secure partners to expand service provider capacity.	Evaluate implications to individualized funding models to services and supports.

Grow

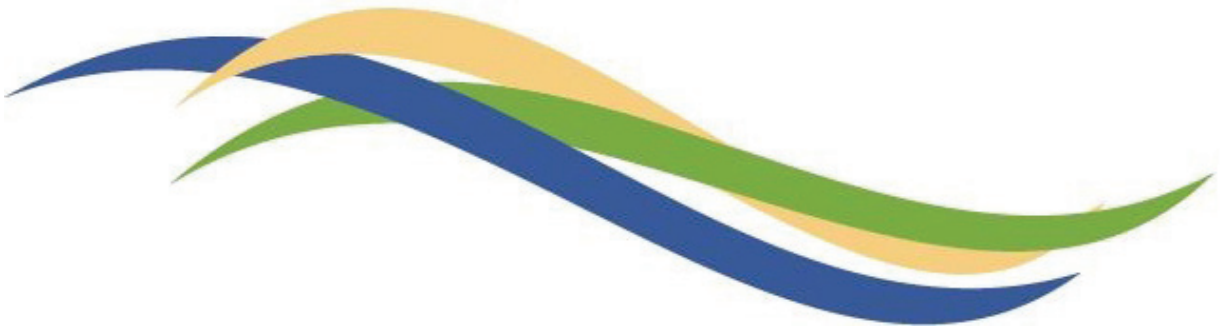
Establish new ways of delivering high quality and sustainable services by enabling the growth & development of the people we support and our employees.

Priorities	Year 1	Year 2	Year 3
Develop learning opportunities to ensure the people we support thrive.	Collaborate with community partners and specialists to develop and implement learning opportunities based on client needs and capabilities.	Review and expand clinical and professional service.	Seek opportunities and share best clinical practices with others.
Develop or renew Human Resources strategies to recruit, retain, develop and engage the best employees.	Revise employee orientation process. Establish staffing models and training for specialized services.	Pilot and evaluate staffing models and employee training for effectiveness in meeting supported individual and employee needs.	Build on Equity, Inclusion and Diversity processes in recruitment, learning and development and related HR practices.

Innovate

Pursue excellence and innovation to ensure the highest standards of practice, quality & performance.

Priorities	Year 1	Year 2	Year 3
Renew our operating structures to deliver high quality, sustainable and efficient services.	Initiate Needs Analysis process to resolve data integration possibilities between scheduling & WFN. Launch SharePoint to enhance agency information and communication.	Select vendor for HRMS/Scheduling and begin implementation.	Continue implementation of HRMS/Scheduling.
Retain and improve our focus on quality, safety and performance	Conduct review of Scheduling Processes and begin to implement recommendations.	Complete implementation of Joint Health, Safety and wellness initiatives.	Assess applicability of additional or different CARF accreditation standards.



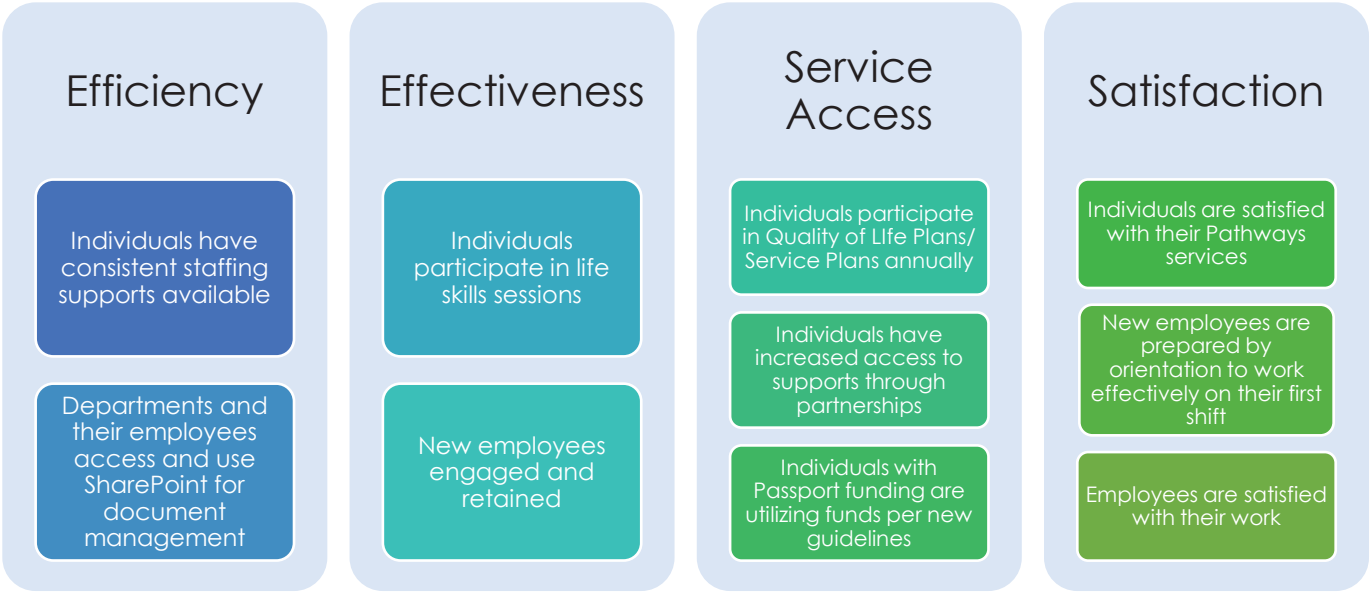
Outcomes & Indicators

In keeping with CARF's principle of continuous improvement, every program receiving accreditation must clearly identify measurable outcome-based goals and activities to build upon the delivery of services to the persons served by the agency.

CARF further requires indicators for the following four categories:

1. **Efficiency:** Measures resource allocation & use such as time spent, dollars spent, numbers served.
2. **Effectiveness:** Measures how services and programs impact the people we support.
3. **Service Access:** Measures some aspect of the barriers involved to use or access services by the client.
4. **Satisfaction:** Measures the extent to which the people we support and other stakeholders are happy or satisfied with the services Pathways provides.

Pathways Quality Assurance Plan addresses the Performance Measurement and Management requirements of the CARF standards with the following performance objectives for 2024-25:



Quality Assurance Plan

2024-25 DASHBOARD							
Key Performance Indicator	**Target**	**Q1**	**Q2**	**Q3**	**Q4**	**Year End**	**Outcome**
% of supported individuals participate in a QLP annually within one year of previous plan	100%	95%	98%	100%	100%	**98%**	
Increase of 4 new or expanded partnerships	4	2	1	1	0	**4**	
% of passport budget spent of funds managed by Pathways	80%	21%	19.8%	16.7%	29.8%	**87.3%**	
# life skill learning sessions held per year	24	3	6	16	13	**38**	
% of supported individuals that report they are satisfied with their services.	100%	NA	NA	93%	NA	**93%**	
% positive satisfaction response of new employees after employee orientation	100%	100%	100%	100%	100%	**100%**	
# of days per year of sick time used by FT direct care employees are reduced % of supported individuals that report sufficient staffing supports	17 100%	20.3 85%	24 86%	18 86.5%	17 86.5%	**21** **86.5%**	
Turnover rates for new hires are reduced from 2023-2024 % of 7.2%	5%	1%	1.2%	1.2%	1.8%	**5.2%**	
% of employees reporting agree and strongly agree on survey regarding job satisfaction	85%	NA	NA	79%	NA	**79%**	
Functional centers fully operational on SharePoint	5	2	0	9	10	**21**	

Desired Outcome				Key Performance Indicator		
Supported Individuals have the opportunity to direct services				% of supported individuals participate in a QLP (service plan) annually and within one year of the previous plan		
Department Client Services	**Strategic Goal** Innovate	**Domain Type** Service Access **CARF Program.** CH, SIL, CI, FHP	**Service Delivery Business Function (SD,BF)** SD	**Applies To** All Supported Individuals	**Data Source** Nucleus RPT 129 **Data Limitations** None	**Data Owner** Supervisor, Administrative Services
Target (#,%)	**Q1**	**Q2**	**Q3**	**Q4**	**Year End Result**	**Target Achieved**
100%	95%	98%	100%	100%	**98%**	**No**

Year End Report Back

All outstanding QLPs from Q1 and Q2 have been completed. Data owner and management had success with notification process and monthly reminders system put in place in 2024. Process has positively impacted the completion rate of QLPs/Service Plans and will continue into 2025-26.

This objective will be brought forward to the 2025-26 Quality Assurance Plan.

Year End Gap Analysis

Case Managers and Client Service Managers continue to have pain point with getting signatures from all stakeholders which is required for a 'complete' status. Early notification process has helped provide extra time to gather signatures so plans are not going overdue, but there is still an opportunity to improve the process.

The QLP/Service Plan template was improved/redeveloped in 2024 and launched agency-wide. However, instances of wrong/outdated template being used has caused some delays in submission process. Proposed mitigation strategy to have Client Service Managers and Team Leaders collaborate on monitoring the templates being used in service plan preparations and ensure staff are downloading the new version from SharePoint. Staff asked to delete any outdated versions saved locally to desktops and personal folders.

Desired Outcome				Key Performance Indicator		
Supported Individuals have increased access to supports through expanded or new partnerships				Increase of 4 new or expanded partnerships		
Department Client Services	**Strategic Goal** Lead	**Domain Type** Service Access **CARF Program.** CH, FHP, SIL	**Service Delivery Business Function (SD,BF)** SD	**Applies To** All supported individuals who require enhanced supports	**Data Source** Manual Spreadsheet **Data Limitations** None	**Data Owner** Chief Operating Officer Director, Clinical Services
Target (#,%)	**Q1**	**Q2**	**Q3**	**Q4**	**Year End Result**	**Target Achieved**
4	2	1	1	0	**4**	**Yes**

Year End Report Back

Although the performance target for this objective was achieved, it was challenging to find or create meaningful partnerships relevant to the organization. The organization will focus its energy on developing the existing relationships with partnerships created this year and will not pursue this objective in 2025-26.

Year End Gap Analysis

We are a small community with a finite number of sister agencies that can benefit our clients. We have partnered with every entity on one occasion or another and will continue to do so as needed. Setting one up when not needed to meet a quota isn't beneficial to the organization. Agencies are more inclined to collaborate when there is a specific client situation to fuel the discussion. Establishing relationships with community stakeholders when needed is something that all of the Pathways' departments do especially well. It has become a best practice rather than something to be targeted/dictated on a quarterly basis.

Desired Outcome	**Key Performance Indicator**
Supported Individuals of Pathways receiving Passport funding are utilizing funds per new guidelines	% of passport budget spent of funds managed by Pathways

Department	**Strategic Goal**	**Domain Type**	**Service Delivery Business Function (SD,BF)**	**Applies To**	**Data Source**	**Data Owner**
Client Services	Lead	Service Access **CARF Program.** CI	SD	Supported Individuals with Passport funding	ACCPAC **Data Limitations** None	Senior Client Services Manager Manager, Finance

Target (#,%)	**Q1**	**Q2**	**Q3**	**Q4**	**Year End Result**	**Target Achieved**
80%	21%	19.8%	16.7%	29.8%	**87.3%**	**Yes**

Year End Report Back

Target achieved with over 87% of Passport budget funds managed by Pathways being utilized in 2024-25. This objective will continue to be tracked on the 2025-26 Quality Assurance Plan.

Year End Gap Analysis

Due to the volume of Passport clients served and the resulting increased funding, PTI was able to support the addition of a PT finance coordinator. The addition of this role has allowed the Passport staff to further support clients to meet their goals which allowed for a significant increase in fund utilization. The PT role is contingent upon funding and PTI anticipates that the PT role will continue into FY2025-26.

Desired Outcome	**Key Performance Indicator**
Supported Individuals participate in life skills learning sessions	# sessions held per year

Department	**Strategic Goal**	**Domain Type**	**Service Delivery Business Function (SD,BF)**	**Applies To**	**Data Source**	**Data Owner**
Client Services	Grow	Effectiveness **CARF Program.** SIL, CH, CI	SD	Supported Individuals	Manual Spreadsheet **Data Limitations** None	Chief Operating Officer Senior Client Services Manager

Target (#,%)	**Q1**	**Q2**	**Q3**	**Q4**	**Year End Result**	**Target Achieved**
24	3	6	16	13	**38**	**Yes**

Year End Report Back

The life skills learning sessions held this year were very well received by our supported individuals and very well attended. Target was exceeded and due to the success of the programming, this objective will continue on the 2025-26 Quality Assurance Plan.

Year End Gap Analysis

Despite the success of the workshops/learning sessions, the logistics and coordinating of external resources was challenging for the agency. In 2025-26, the agency will utilize more internal resources from our Clinical Services department to run new life skills sessions aligned with the needs and interests of our supported individuals and will make us less reliant on external facilitators to meet this objective.

Desired Outcome	**Key Performance Indicator**
Supported individuals are satisfied with their services	% of supported individuals that report they are satisfied with their services.

Department	**Strategic Goal**	**Domain Type**	**Service Delivery Business Function (SD,BF)**	**Applies To**	**Data Source**	**Data Owner**
Client Services	Grow	Experience of Services (PS) **CARF Program.** CH, FHP, SIL, CI	SD	Supported Individuals who complete CES.	uSPEQ Client Experience Survey Report **Data Limitations** None	Manager, Quality Assurance/Risk Management & Accreditation

Target (#,%)	**Q1**	**Q2**	**Q3**	**Q4**	**Year End Result**	**Target Achieved**
100%	-	-	93%	-	**93%**	**No**

Year End Report Back

The 2024 Client Experience Survey was a successful project and solicited valuable feedback from the people we support. The survey results have been used to guide planning of the Quality Assurance Plan 2025-26 with respect to objectives and areas of focus. This objective will continue on the 2025-26 Quality Assurance Plan.

Year End Gap Analysis

The agency recognizes that conducting a satisfaction survey once every three years is not sufficient to not only meet CARF requirements, but to provide the agency with a timely understanding of the experience of services from our persons served. The most apparent gap in the survey administration was the diverse abilities of the people we support and the question of validity of responses given by those that may not have the cognitive ability to fully comprehend or effectively communicate their answers. The agency has the opportunity to research different formats for surveying people with developmental disabilities and acquired brain injuries so every person we support has a valid way of providing feedback.

Desired Outcome	**Key Performance Indicator**
New employees are able to work effectively on first shift	% positive satisfaction response of new employees after employee orientation

Department	**Strategic Goal**	**Domain Type**	**Service Delivery Business Function (SD,BF)**	**Applies To**	**Data Source**	**Data Owner**
Human Resources / Client Services	Grow	Satisfaction **CARF Program.** CH, CI, SIL, FHP	BF	New employees	Survey Monkey **Data Limitations** None	Recruitment & Training Specialist

Target (#,%)	**Q1**	**Q2**	**Q3**	**Q4**	**Year End Result**	**Target Achieved**
100%	100%	100%	100%	100%	**100%**	**Yes**

Year End Report Back

All 27 respondents confirmed that they had a clear understanding of their job objectives and tasks and what is expected of them in their role and that they were overall satisfied with the new-hire orientation program at Pathways. Target achieved.

Year End Gap Analysis

Although target was achieved for this objective, there was a gap identified in Q3 with the number of orientation participants that opted to not complete the satisfaction survey. Although the survey link was provided to participants during orientation and they were reminded multiple times to complete the survey, because it is not mandatory, many participants chose not to complete it. In order to mitigate this going forward, the Recruitment and Training Specialist will set aside dedicated time during the last day of orientation for participants to complete the survey rather than leaving it to the participant to complete it on their own time.

Desired Outcome	**Key Performance Indicator**
Supported Individuals have consistent staffing supports available	# of days per year of sick time used by FT direct care employees are reduced % of supported individuals that report sufficient staffing supports

Department	**Strategic Goal**	**Domain Type**	**Service Delivery Business Function (SD,BF)**	**Applies To**	**Data Source**	**Data Owner**
Human Resources / Client Services	Innovate	Efficiency **CARF Program.** CH, CI, SIL, FHP	SD & BF	All active FT direct care employees	WorkforceNow Survey **Data Limitations** Stakeholder Participation	Manager, Human Resources Manager, Quality Assurance/Risk Management & Accreditation

Target (#,%)	**Q1**	**Q2**	**Q3**	**Q4**	**Year End Result**	**Target Achieved**
17 / 100%	20.3 / 85%	24 / 86%	18 / 86.5%	17 / 86.5%	**21 / 86.5%**	**No**

Year End Report Back

An average of 21 sick days were used by FT direct care employees in 2024-25, down slightly from 21.7 in 2023-24.

Year End Gap Analysis

Impact of attendance awareness program noted in Q3 and Q4 in contrast to the first two quarters. Human Resources will continue to document these metrics in 2025-26 and look for the continuation of this trend. This objective will be removed from the 2025-26 Quality Assurance Plan.

Desired Outcome				Key Performance Indicator		
New employees are engaged and retained				Turnover rates for new hires are reduced from 2023-2024 % of 7.2%		
Department Human Resources/ Client Services/ Scheduling Services	**Strategic Goal** Grow	**Domain Type** Effectiveness **CARF Program.** Aspire to Excellence	**Service Delivery Business Function (SD,BF)** BF	**Applies To** New hires with less than 12 months service	**Data Source** WorkforceNow **Data Limitations** None	**Data Owner** Manager, Human Resources SR. Managers. Client Services
Target (#,%)	**Q1**	**Q2**	**Q3**	**Q4**	**Year End Result**	**Target Achieved**
5%	1%	1.2%	1.2%	1.8%	**5.2%**	**No**

Year End Report Back

Turnover rate for new hires with less than 1 year of service was reduced to 5.2% from 7.2%. This final number does not include 12 Student Aides that were hired for peak holiday season support (would be 6.8% rather than 5.2%). Total agency turnover for 2024-25 was 22.1%, up from 20.8% in 2023-24 (would be 24.5% including Student Aides).

Year End Gap Analysis

Managing turnover and creating stability in our workforce continue to be a priority area for the agency. Human Resources operated without a Chief / Director in 2024-25 which meant less leadership and support for this objective. It will remain an objective on the Quality Assurance Plan 2025-26 with additional key performance indicators, including the recruitment and onboarding of a Human Resources leader, a consistently administered exit interview process and new hire mentorship program.

Desired Outcome				Key Performance Indicator		
Employees are satisfied with their jobs at Pathways.				% of employees reporting agree and strongly agree on survey regarding job satisfaction		
Department Human Resources	**Strategic Goal** Grow	**Domain Type** Satisfaction **CARF Program.** Aspire to Excellence	**Service Delivery Business Function (SD,BF)** BF	**Applies To** Active Employees	**Data Source** uSPEQ Employee Satisfaction Survey **Data Limitations** None	**Data Owner** Manager, QA/RM & Accreditation
Target (#,%)	**Q1**	**Q2**	**Q3**	**Q4**	**Year End Result**	**Target Achieved**
85%	-	-	79%	-	**79%**	**No**

Year End Report Back

Target not achieved for this objective, although some improvements noted in Communication and stability in Leadership, Work Environment and Staff Development. Results have been communicated to agency and areas for improvement will be addressed with action planning.

Year End Gap Analysis

The agency will continue to focus and make improvements on Communication and ways of soliciting and responding to feedback from staff. There have been significant changes in the leadership team throughout the agency in the last year and the impact it has had on culture and outlook are understood. Training and development of agency leaders is a priority in 2025 with professional support being brought in to train and coach our leaders so there is a consistent and unified approach within the agency instilling confidence and mutual respect.

Desired Outcome	**Key Performance Indicator**
Finance, HR, Client Services, IMT & Operations employees access and use SharePoint	Functional centers fully operational on SharePoint

Department	**Strategic Goal**	**Domain Type**	**Service Delivery Business Function (SD,BF)**	**Applies To**	**Data Source**	**Data Owner**
IMT	Innovate	Efficiency **CARF Program.** Aspire to Excellence	BF	Assigned Employee / Departments	SharePoint **Data Limitations** None	Senior Manager, IMT

Target (#,%)	**Q1**	**Q2**	**Q3**	**Q4**	**Year End Result**	**Target Achieved**
5	2	0	9	10	**21**	**No**

Year End Report Back

Although the target of all 5 core departments being fully functional within SharePoint was not achieved, several groups and smaller teams within those departments have made the move and are successfully operating. Other groups with more complex file structures and security needs are migrating at an appropriate rate based on resources and time available. Migration to SharePoint will continue in 2025-26 and is an objective within the Information Management & Technology department, it will not be monitored on the Quality Assurance Plan.

Year End Gap Analysis

The target for this objective does not reflect the idiosyncrasies of each department and subgroups within the departments. Time and resources available to support the migrations has been challenging due to other agency priorities.

Risk Management

Risk management is the process of identifying, assessing and controlling financial, legal, strategic and security risks to an organization. Pathways' Executive team members manage and report on the status of the items identified on the Risk Register on a quarterly basis to the Board of Director's Quality Assurance / Risk Management Committee.

Full Risk Register available upon request.

2024-25 RISK REGISTER DASHBOARD							
Risk Identifier	**Previous Year End Status**	**Q1**	**Q2**	**Q3**	**Q4**	**Year End Status**	**Next Fiscal Year Action**
1. Lack of Affordable Housing							Active
2. QAM Compliance							Active
3. Behaviour Support Plan Sign Off							Active
4. Complaint Resolution							Active
5. PWE/Wage Re-opener/Collective Bargaining							Active
6. Cyber Security							Active
7. Privacy Breach							Active
8. Recruitment & Retention							Active

	Potential	**Probability**	**Status Indicator**
High	Significant impact and ramifications. Immediate and urgent action required.	Very likely to occur	Mitigation strategies are initiated and indicators of success have not yet been achieved.
Medium	Medium impact and ramifications. Action required to mitigate risk.	May occur about half the time	Mitigation strategies are underway and indicators of success are in progress, and/or partially achieved.
Low	Minor impact, monitor, no action required.	Unlikely to occur	Mitigation strategies are established and indicators of success have been achieved.

Cultural Competency & Diversity

CARF-accredited organizations identify leadership strategies that embrace the values of accountability and responsibility. Pathways demonstrates this strength in leadership through its strategic planning process in a variety of areas including cultural competency and diversity planning.

An organization implements a cultural competency and diversity plan that:

1. Addresses 3 key areas:
   - **Persons served**
   - **Employees,**
   - **and other stakeholders, and that,**
2. Is based on the consideration of the following areas:

- **Culture**
- **Sexual orientation**
- **Language**
- **Socio-economic status**
- **Age**
- **Spiritual beliefs**
- **Gender**
- **Other factors, as relevant**

Respect for diversity is embedded within Pathways Statement of Client Rights

Each person we support is protected and entitled to rights as identified by Canadian constitutional, provincial and other legislated rights. In addition to these protected rights, a person receiving support from Pathways to Independence has rights as they relate to the support and services received from us as a service provider. These rights (as they pertain to cultural competence and diversity) include:

"To be recognized for their individuality, needs and preferences, including ethnic, spiritual, linguistic, familial and cultural factors".

(Pathways to Independence Client Rights)

Pathways Client Rights are embedded in the Agency's client-centered planning process. The annual person-centered plan is created or reviewed with each person served. Goals and actions are developed and implemented that may include supporting a person's interest in relevant aspects of their culture, religious or spiritual beliefs.

Cultural Competency, Diversity & Inclusion Plan

Relevant Stakeholder & Program	Objective	Person Accountable
Persons Served	The creation of ongoing activities, events, social leisure and educational programs, for our supported individuals, to explore, promote and celebrate diversity, equality and inclusion	Manager, Client Services – Programs (all locations)
Status / Actions Completed / Actions Required		
Q1	Quinte West Region • A Taste of Italy Cooking Class; Cinco de Mayo Fiesta; Petroglyphs Indigenous Education; Pride Education and Celebration Ottawa Region • Around the World Program (videos and trivia); Art History; Lunch at Golden Palace (Chinese); Cinco de Mayo Presentation; Vancouver: Armchair Travel; News & Views: Topics from Around the World; Ancient Civilizations and Ethnicities Education; Attended Brain Injury Awareness Day; Slovenia: Armchair Travel Renfrew Region • Vietnam Culture; Anti-Bullying and Healthy Relationships Seminar; Mennonite Farm in Eganville	
Q2	Quite West Region • Tea Leaf Reading; Irish Language and Folklore; Indigo Dying Workshop; History of the SS Keewatin; Education on World Event "9/11"; Truth & Reconciliation; Tyendinaga Culture Tour Ottawa Region • Try Something New Snack Club; National Ice Cream Day; Czechia: Armchair Travel; Ancient Civilizations Web Series; Great Art Explained Series; New Zealand: Armchair Travel; Internation Day of World's Indigenous People Presentation; World Suicide Prevention Day discussion; Australia: Armchair Travel; Art Class led by Supported Individual; World Alzheimer's Day video Renfrew Region • Pathways Olympics (activities throughout July); Greece: Food & Culture; Moccasin Making: with elder from Golden Lake Reservation	
Q3	Quite West Region • Learning History of Napanee; Importance of Remembrance Day; Accessibility Presentation; Native Drumming; Christmas Around the World; New Years Around the World Ottawa Region • Try Something New Snack Club; Anti-Bullying Day video & Discussion; Canadian Agricultural and Food Museum trip; Art Classes led by Supported Individual; Remembrance Day video; Argentina: Armchair Travel; Diefenbunker Museum trip; Germany: Armchair Travel; International People with Disabilities Day video and discussion; History of Christmas (video and trivia) Renfrew Region • Fall Cultures Around the World; Employment Barriers; Community Volunteering Opportunities; US Election; Christmas Around the WorldNovember – War Times Workshop: a history lesson on wars and a visit to the Air Force Museum. Remembrance Day Craft, Discovering France and cooking French cuisine. Dealing with Loss Workshop; Grief Counselor, Allyson Tufts provided an interactive workshop on coping with grief. • December – Hanukkah Discussion and Baking traditional Christmas desserts from around the world.	
Q4	Quite West Region	

	• Carnaval of Knowledge: Exploring Québec's Heritage; Therapy Dog Education; ASL Education; Valentines Traditions Around the World Ottawa Region • Facts and History of New Years; Coping with Stress (Methods from Around the World); Art Classes led by Supported Individual; Bolivia: Armchair Travel; Great Books Explained Series; Black History Month (video on the history and significance followed by discussion); History of Valentines Day video and discussion; Turkey: armchair travel and preparing Turkish lunch; Ted Talk -healthy eating; Thailand: armchair travel Renfrew Region • How to Win Friends and Influence People: Book Club; neurodiversity brain art – celebrating different minds • Science and Technology Museum trip; Temples Sugar Bush (syrup making)
Year End Report Back	Another successful year of programming for supported individuals. Participation and support for these activities continues to increase and we look forward to continuing with the programming into 2025-26 by providing more internally facilitated educational opportunities. This objective will remain on the plan as an ongoing expectation and effort. .

Relevant Stakeholder & Program	**Objective**	**Person Accountable**
Personnel	Sharing Diversity, Equality and Inclusivity (DEI) activities, community and/or virtual events, educational materials and other resources across the organization.	Manager, QA/RM & Accreditation Manager, Client Services
Status / Actions Completed / Actions Required		
Q1	Agency communications/education/resources: Mental Health Week email series on the healing power of compassion; International Day Against Homophobia, Transphobia and Biphobia email on the history and significance of the day; Brain Injury Awareness Month post on SharePoint with resources; • Social media: World Autism Awareness Day; Mental Health Week; Global Accessibility Awareness Day; Brain Injury Awareness Month; Pride Month; National Indigenous Peoples Day	
Q2	• Manager, QA/RM & Accreditation attended Foundations of Disability Inclusion workshop, resources shared with management.	
Q3	Diversity Equity & Inclusion training sessions held for Management and Executive teams with external consultant. Agency communications/education/resources shared on SharePoint: National Centre for Truth & Reconciliation Lunch & Learn webinar series information shared in anticipation of the National Day for Truth & Reconciliation and Orange Shirt Day; National Day for Truth & Reconciliation and Orange Shirt Day; Diwali/Dipavali; Allhallowtide / Samhain / Hallowe'en; Indigenous Veterans Day; Remembrance Day; promotion of Indigenous Arts Festival held at Loyalist College; Christmas Day; Hannukah; • Social media: National Day for Truth & Reconciliation; Diwali; Indigenous Veterans Day; Remembrance Day; International Day of Persons with Disabilities; Christmas and New Years	
Q4	Agency communications/education/resources shared on SharePoint: Chinese New Year / Spring Festival; Black History Month; Black History Month Webinar; Pathways to Kindness Week; Anti-Bullying (Pink Shirt Day) Health & Safety Tip of the Month; Ash Wednesday; Purim; Holi; International Women's Day; St. Patrick's Day; Nowruz & Vernal Equinox; World Down Syndrome Day; International Transgender Day of Visibility; Social Work Week; OBIA Webinar: Supporting LGBTQ+ Caregivers in the Brain injury Community • Social media: Social Work Week; International Women's Day; Brain Awareness Week; World Down Syndrome Day;	
Year End Report Back	Engagement and response to internal communications continues to increase. Human Resources to review recent employee climate survey demographics information to align recognition of culturally significant events and holidays with that of personnel. This objective will remain on the plan as an ongoing expectation and effort.	

Relevant Stakeholder & Program	Objective	Person Accountable
Person Served, Employees, recruitment candidates, other stakeholders	Ensure Pathways documentation, resource and marketing materials use gender inclusive language in order to encompass gender identities and promote inclusivity among all relevant stakeholders	Manager, QA/RM & Accreditation Manager, Client Services
Status / Actions Completed / Actions Required		
Q1	• Guides to Services (Developmental Services and Acquired Brain Injury) materials revised to include gender-inclusive language.	
Q2	• Client Handbook reviewed and revised as needed.	
Q3-Q4	• During annual policies review, any use of he/she was replaced by they/them.	
Year End Report Back	Continued to update policies and documentation as needed.	
Relevant Stakeholder & Program	**Objective**	**Person Accountable**
Personnel	Recruitment program supports diversity and equity, ensuring designated groups within our communities are prioritized within our recruitment process.	Manager, Human Resources Recruitment & Training Specialist
Status / Actions Completed / Actions Required		
Q1-Q4	• Recruitment postings advertised on First Nations Technical Institute. • Educational equivalencies completed for credentials from other countries.	
Year End Report Back	This objective will remain on the plan as an ongoing expectation and effort.	
Relevant Stakeholder & Program	**Objective**	**Person Accountable**
Personnel	Orientation program promotes and educates new hires on Diversity, Equity and Inclusivity as part of overall agency culture.	Manager, Human Resources Recruitment & Training Specialist
Status / Actions Completed / Actions Required		
Q1-Q4	• Cultural Competency, Diversity & Inclusion Plan highlighted during HR orientation • Recognizing and mitigating accessibility barriers (AODA) highlighted in HR Presentation for new hires	
Year End Report Back	This objective will remain on the plan as an ongoing expectation and effort.	

Accessibility

Recognizing and Mitigating Barriers

Pathways Accessibility Plan addresses accessibility issues at our community homes, program locations and in the community at large. Pathways to Independence is committed to identifying and removing barriers that impede the ability of persons served to fully access our programs and the broader community. The plan also addresses accessibility issues that may arise for our employees and members of the public.

Pathways to Independence Accessibility Plan is in keeping with the requirements of the Accessibility for Ontarians with a Disability Act, (AODA) Integrated Accessibility Standards Regulation 191/11 and CARF's ASPIRE Standard L: Accessibility.

The AODA Integrated Accessibility Standards Regulation (IASR) requires not-for-profit agencies that employ more than 50 people to develop accessibility policies, programs and procedures in the following areas:

+ **Employment,**
+ **Information and Communication,**
+ **Transportation, and the**
+ **Built Environment.**

AODA's Integrated Accessibility Standards have general requirements that are embedded in the 5 identified areas above.

Types of Barriers

An ***architectural* barrier** is any physical factor that makes accessing buildings or physical structures difficult for a person with disabilities. This may include narrow doorways, a staircase without a banister, bathrooms that are not physically accessible for all, alarms that are not able to be heard by individuals with hearing impairments, or even something as simple as the location of furniture.

A ***communication barrier*** is anything that prevents a person with disabilities from having access to information in a way that accommodates their disability and/or helps them to understand information. This may include not providing access to a TTY service, an interpreter, or a website that does not have the ability to increase font size or change colour to assist legibility.

An ***attitudinal* barrier** is a negative attitude that people have towards persons served. Examples of this may include attitudes of neighbours or other community members about having people with disabilities living in their neighbourhood, or the lack of "person first" language used by agency personnel.

An ***environmental barrier*** is any location or characteristic of the setting that compromises, hinders or impedes service delivery and the benefits to be gained. This may include flickering lights, a heavy scent, or a remote geographical location that restricts frequent access to services or events.

A ***community integration*** barrier is anything that may limit an individual's ability to access their community.

A ***financial* barrier** is a lack of financial resources that may require an agency to restrict or cancel a service or program.

A ***transportation*** barrier is the lack of suitable and available transportation to allow a person with a disability to attend or participate in community services, programs, medical appointments, employment or other activities.

An ***employment* barrier** is a policy, program, resource, tool, or way of conducting business that could restrict a person with disabilities from getting a job or doing their job well. This may include an agency only accepting hand written answers on an interview for a person with a learning disability, or giving a person with a visual impairment a job application form that is in text only.

Accessibility Plan

CARF Standard	Program / Area of Focus	Barrier / Gap Identified	Objective / Actions to be Taken	Person Accountable	Time Frame (e.g. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Architectural/ Built Environment	Ensure accessible supported living environments for persons served.	Inaccessible areas within supported homes.	Install necessary equipment and customize living environments.	Manager, Operations	2024	2025	
Status / Actions Completed / Actions Required							
Q1	Installed Stair lift at Forestview, giving supported individuals the ability to access the basement of the home						
Q2	Renovated Moira St. Bathroom removing tub and installing walk in shower with grab bars. Quoted tiny home build for Charles St.						
Q3	198 College St reinforced walls, renovated one bathroom and added another bathroom both with walk in showers instead of tubs						
Q4	Installed Stair chair lift at Lake St. giving clients with mobility issues access to the basement						
Year End Report Back	We continue to look for ways to improve accessibility to all our Pathways locations						

CARF Standard	Program / Area of Focus	Barrier / Gap Identified	Objective / Actions to be Taken	Person Accountable	Time Frame (eg. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Environmental/ Buit Environment/ Attitudinal	Opportunities for safe housing options in communities where services/supports are available	Lack of affordable/ accessible housing options	Investigate modular homes, or options to build "suites" on current/existing Pathways properties.	CFO Manager, Operations	2022	2025	
Status / Actions Completed / Actions Required							
Q1	Attended tiny home show in Ottawa.						
Q2	Under the Hastings County Homelessness Prevention Program Capital Application process, submitted a grant proposal to support building a tiny home at Charles St.						
Q3	Received funding for Tiny home project at Charles St. began site planning, surveying property, awaiting survey sketch.						
Q4	Received survey sketch for Charles St. Working with drafting company to design/build tiny home.						
Year End Report Back	We are happy with our progress with our first tiny home project, we continue to look for additional locations that would be suitable for accessory dwellings.						

CARF Standard	Program / Area of Focus	Barrier / Gap Identified	Objective / Actions to be Taken	Person Accountable	Time Frame (eg. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Transportation	Safe and barrier free transportation	Access to Pathways fleet, including wheelchair vehicles.	Reduce vehicle repair costs and incidents so cars are available and functional. Ensure safe driving practices by employees.	CFO Manager, Operations	2023	2024	
Status / Actions Completed / Actions Required							
Q1	GPS units installed April 1in 20 vehicles; data collection underway.						
Q2	Continued to monitor GPS units, developing a safe driving presentation with health and safety officer.						
Q3	Ordered a 2025 Toyota sienna, ensuring our fleet stays current and well maintained						
Q4	Exploring different options for GPS to better track maintenance.						
Year End Report Back	We continue to monitor GPS units and are looking to potentially expand the program to other locations.						

CARF Standard	Program / Area of Focus	Barrier / Gap Identified	Objective / Actions to be Taken	Person Accountable	Time Frame (eg. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Attitudinal	Safely and independently living/engaging with their chosen community.	Changes in our communities related to mental health and addictions creating a greater need for safety and awareness.	Host educational sessions on systemic barriers within our communities and navigating them safely.	Client Services Manager, Programs	2024	2025	
Status / Actions Completed / Actions Required							
Q1	Contacted CMHA to collaborate on an educational presentation on Mental Health for supported individuals.						
Q2	Unfortunately, CMHA has rescinded their commitment for this opportunity. Pathways has reached out to the Belleville Enrichment Center for Mental Health to request a meeting. We are hoping that the ECM will be interested in this partnership opportunity						
Q3	Unfortunately, there has yet to be any commitment from the community partners that we have reached out to regarding this opportunity. Pathways will continue to reach out to community partners to complete this objective.						
Q4	Due to lack of commitment and interest within the appropriate community resources, this objective was not met. The Program team is collaborating with our clinical team to provide educational resources and programming for supported individuals, and this will be reflected within the renewed plans. Topics include safe internet use, sexual health/education and healthy relationships. The first brainstorming meeting is scheduled for April 17, 2025.						
Year End Report Back	Although we were unable to achieve our goal to provide educational opportunities in this area, this fiscal year, we are pleased to share that we have partnered with the Clinical Department to offer educational programs in the upcoming fiscal year.						

CARF Standard	Program / Area of Focus	Barrier / Gap Identified	Objective / Actions to be Taken	Person Accountable	Time Frame (eg. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Community Integration	Passport Program is operating at a level that adequately supports the individuals in our communities that seek programming.	Lack of staffing resources available to focus on Passport program.	Add resources to the Passport Program to help support the operation of the department to prevent any delays or withdrawal of service.	Client Services Manager, Programs	2023	2025	
Status / Actions Completed / Actions Required							
Q1	Four qualified internal RPFs and three external RPFs were hired in the Passport Program.						
Q2	One external RPF was hired into the Passport Program, bringing the resource total to 8 RPFs within the Passport Department. Also, one Passport finance coordinator was also hired to assist with the financial processing/tracking demands within the program. At this time, we will not be adding additional resources to the program and will reevaluate for the next fiscal budget.						
Q3	Two RPFs in the passport program were successful in obtaining FTP positions in DS Programs. The RPF passport positions were posted, and following interviews, one successful candidate was employed. The goal is to hire additional RPFs at the start of the fiscal year, April 2025. This was a fiscal decision to only hire one at this time. There will not be a service disruption as a result of only hiring one Passport RPF at this time.						
Q4	Within this quarter, Pathways posted an FTP Recreation position that was on hold from Covid (TAY Program). A Passport worker was successful in this competition, bringing the Passport resource numbers down to 7 total. It has been determined that the appropriate baseline staffing complement should be held at 8 Passport workers, to support the needs of the program. A Passport posting has been posted, to return the program back to baseline staffing.						
Year End Report Back	It has been determined that with the current passport budget of approximately 2 million dollars (240 participants), the appropriate staffing model to support the program is 8 RPT Recreation Program Facilitators. This baseline will be maintained on a move forward, and may be adjusted if the funding allotment/participant participation increases.						

CARF Standard	Program / Area of Focus	Barrier / Gap Identified	Objective / Actions to be Taken	Person Accountable	Time Frame (eg. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Employment/ Attitudinal	Competitive Employment or Volunteer Placements	Limited partnerships available in the community to connect with supported individuals seeking employment / volunteer opportunities.	Establish new community partnerships for supported individuals to utilize for employment and/or volunteering opportunities.	Client Services Manager, Employment	2023	2025	
Status / Actions Completed / Actions Required							
Q1	7 Total. 3 partnerships with clients currently employed. 1 partnership for client currently volunteering. 3 verbal commitments for future partnerships						
Q2	3 total. 1 partnership with individual currently employed. 2 verbal commitments for future partnership.						
Q3	4 total. 2 partnerships with individuals currently employed. 2 verbal commitments for future partnership						
Q4	9 total. 2 partnerships with individuals currently employed. 1 partnership for client volunteering. 6 verbal commitments for future employment						

Year End Report Back	The employment department had an excellent year, totaling 23 new partnerships established within the fiscal year. This allowed us to appropriately place individuals in successful employment relationships.

CARF Standard	Program / Area of Focus	Barrier / Gap Identified	Objective / Actions to be Taken	Person Accountable	Time Frame (eg. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Financial	Supported Independent Living Department	Lack of affordable housing.	To increase access to affordable housing and apply to any benefits, subsidies and/or grants through municipal, provincial, or federal opportunities.	Senior Client Services Manager Client Services Manager, Supported Independent Living	2023	2024	

Status / Actions Completed / Actions Required	
Q1	Reaching Home application for new federal funding to reduce homelessness submitted to Hastings County on May 14 for $284,000.00 – proposal to retrofit Bridge Street with three units to house 5 individuals. Update: July 5th, 2024. Notified by Hastings County that our "Reaching Home" funding application was successful. It was noted that due to the limitations in funding available to Hastings County we were not granted the full funding amount and our funding will be available in Year 2 only (April 01, 2025. We will be provided with our agreement and the details within the next week.
Q2	Continued to research available grants and funding to apply for and to combat homelessness and to increase housing security and stability. Submitted two funding proposals to Hastings County on October 01, 2024. 1) Applied to Homelessness Prevention Program (HPP), formerly (CHPI) for continuation of funding to fund staffing dollars at Home for Good to support individuals in the community and to increase their housing stability. Requested an increase from $60,000.00 to $84,000.00 to enable us to increase staffing support on site to ensure success in keeping people housed. Unfortunately, we were unsuccessful in attaining a continuation of this funding stream. 2) Submitted a Capital funding proposal titled: Housing First: Charles St. Tiny Home Project through HPP Capital Project to purchase and install a tiny home to increase affordable housing for complex individuals to live supported in the community: $160,000.00. We were successful in attaining this funding proposal and have begun to proceed with the project.
Q3	In this quarter, Pathways applied for funding through the United Way to increase people's ability to maintain safe affordable housing. Our request was for funding to institute a rent supplement program, requested amount: $36,000.00 and a grocery card supplement program, requested amount: $39,000.00. Unfortunately, due to the volume of requests we were unsuccessful in attaining this funding proposal.
Q4	In this quarter we have continued to develop relationships within the community. Participating with Hastings County in various initiatives to promote awareness and to assist in gathering data around the issues of homelessness and what the needs of the community are. We have participated in living experience interviews at Belleville's Warming Centre and are scheduled to attend the Built for Zero, Canada's Learning Session, May 2025.
Year End Report Back	We were successful in attaining 2 new funding streams to support large capital projects that will enable us to have 4 new affordable housing spaces to assist individuals in living in their own safe affordable homes within the community. We have also built and strengthened relationships with agencies and funders that has assisted us in becoming a strong community partner to aid in the fight to address and end homelessness. This has enable us to build capacity and skills which will assist us to gain further access to funding resources to address future needs. While we were unsuccessful in 2 proposals that would have assisted us to build our current support framework to assist in supplementing individuals, we are able to continue to support individuals that receive these services under our current funding agreements.

CARF Standard	Program / Area of Focus	Barrier / Gap Identified	Objective / Actions to be Taken	Person Accountable	Time Frame (eg. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Communication/ Environmental	Technology or Technology support for residential clients	Unreliable & insecure internet access is a barrier to engaging the community.	Deploy MESH units to homes/locations to improve & secure internet access to the persons served.	CFO Senior Manager, IMT	2024	2025	
Status / Actions Completed / Actions Required							
Q1	MESH nodes installed at Lake, Frankford, Chatham, Cannifton, Dundas, Charles, Bridge, Lesley to increase coverage.						
Q2	MESH nodes installed at Bachman, Forestview, Fry, Bethesda, Mitchell to increase coverage.						
Q3	MESH nodes installed at Whites, Renfrew Club ABI, Burnham, William, Whites to increase coverage.						
Q4	Additional MESH nodes were installed at Renfrew to increase network capacity, as well as Bachman and McGovern.						
Year End Report Back	In FY24-25, we were able to deploy MESH units to 20 homes/locations to improve & secure internet access to the persons served. We continue to monitor our WI-FI network performance and make appropriate adjustments where possible to increase coverage.						

Information Management & Technology

A key enabler in Pathways Lead. Grow. Innovate is to "harness information and technology to improve the quality of strategic and operational decision making.

As the agency has grown, so has our need for integrated data systems to facilitate the operations of the agency. In addition to meeting CARF standards and planning for general maintenance and upgrading of systems, Pathways Information and Management team members work to automate paper-based processes and seek affordable and accessible technology to meet our needs.

Technology & Systems Plan

CARF Standard	Program/Area of Focus	Issue Identified (Gaps & Opportunities)	Objective	Resources Required (People / $)	Time Frame (eg. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Communication Technologies	Migration to Azure Active Directory (AAD), MFA/Single Sign On	Cybersecurity Risk: The potential loss or harm related to technical infrastructure or the use of technology. Implement MFA and Single Sign On (SSO) for applications where possible.	Simplify login to applications and increase cyber-security.	IMT Manager CLTO, Financial Resources	2024	Mar 2025	In Progress
Q1	AD now in Azure AD MFA implemented with Admin access functions to Active Directory. Planning for SharePoint migration of entire common drive/file server – which will facilitate self-serve password resets and additional SSO or MFA features.						
Q2	Test of MS-Authenticator in VDI and M365						
Q3	MFA deployed (Exec, HR, Fin, IMT, Ops, Clinical, CSMS, Web01, Web02, Web04, Web05, Web06).						
Q4	Continue to migrate to Azure						
Year End Report Back	Migration to Azure is in progress, MFA has been implemented organizationally						
Year End Gap Analysis	We are still using on-prem active directory for most things – Azure is doing some things. There are some tasks/potential risks that need to be addressed before this can be completed. We are running parallel in Azure and on perm active directory.						

CARF Standard	Program/Area of Focus	Issue Identified (Gaps & Opportunities)	Objective	Resources Required (People / $)	Time Frame (eg. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Communication Technologies	Improved Connectivity at 289 Pinnacle	Cabling/Fiber (Phase 1on 2nd floor of Belleville office)	Improve network reliability and eliminate/reduce tickets reported as related to slow network speeds.	IMT, ISPs, ITI, FIBER provider	2024	Jul 2024	In Progress

Q1	Initiate re-cabling project (Phase 1 - New fiber optic switches & Cat 6 cabling on second floor) Initiate review of ISP (dual Cogeco "Business UltraFibre 1Gig" connections)
Q2	Review Dedicated Fibre options
Q3	Initiate Installation of dedicated fibre for 289 Pinnacle with Bell, transition Cogeco account to facilitate cutover
Q4	External to PTI, new conduit was required to bring fiber to building. There were scheduling delays with vendor and new fiber to building was completed in March 2025. Other internal IT resource issues led to a further delay.
Year End Report Back	Ready to change to new internet provider, project required a lot more to complete than originally determined.
Year End Gap Analysis	Cut-over to new provider will take place in FY2026. Use of non-standard setup on some devices/profiles have resulted in further issues with this technology update.

CARF Standard	Program/Area of Focus	Issue Identified (Gaps & Opportunities)	Objective	Resources Required (People / $)	Time Frame (eg. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Communication Technologies	Support implementation of integrated HRMS system	Gap – integration Opportunities – streamline processes	Support implementation of integrated HRMS system, integrated with AAD (Azure Active Directory)	UKG, CLTO, IMT	2024	Mar 2025	Feb 2025
Q1	Engage with UKG during kick off and review materials. Plan for changes to Formtool & previously mapped workflow processes related to HR/Scheduling and pending SharePoint migration impacts						
Q2	Provide 'Vanity URL' for UKG implementation						
Q3	Facilitate SSO with UKG (tested, functional)						
Q4	No update, project complete						
Year End Report Back	UKG setup with SSO						
Year End Gap Analysis	None						

CARF Standard	Program/Area of Focus	Issue Identified (Gaps & Opportunities)	Objective	Resources Required (People / $)	Time Frame (eg. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Software	Electronic Forms Development	Formtool/Metabase -> MS-Forms/PowerBI	Increase information provided to management via dashboards. Facilitate decision making.	IMT Manager IMT Specialist CLTO	2024	Mar 2025	Ongoing
Q1	Several updates made to Formtool HR/Scheduling forms to facilitate requested form/process changes related to orientation or changes requested by ITI/infrastructure vendor						
Q2	Revised: Water Temperature Compliance Checklist Revised: Worksite Orientation Checklist						
Q3	Manager's Monthly Walkthrough Checklist Awaiting feedback: Worksite Orientation Checklist changes						
Q4	Forms for Clinical team (reviewing)						
Year End Report Back	We continue to create/update forms to increase efficiency						
Year End Gap Analysis	As tools and processes change, we would like to explore if/how we could automate some of the forms instead						

CARF Standard	Program/Area of Focus	Issue Identified (Gaps & Opportunities)	Objective	Resources Required (People / $)	Time Frame (eg. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Communication Technologies Software Hardware Assistive Technology	Service Delivery using technology	Site visits to all PTI locations	Continuous Improvement of IMT Services	IMT Specialist IMT Manager	2024	Mar 2025	Ongoing
Q1	24 sites visits/revisits to address issues, upgrade equipment or identify required resources to improve services Dozens of communications with staff members to coordinate visits and address issues.						
Q2	9 sites visits/revisits to address issues, upgrade equipment or identify required resources to improve services						
Q3	11 sites visits/revisits to address issues, upgrade equipment or identify required resources to improve services						
Q4	Several sites visits/revisits to address issues, upgrade equipment or identify required resources to improve services						
Year End Report Back	IMT continues to visit sites on a regular basis to address issues, upgrade equipment or identify required resources to improve services						
Year End Gap Analysis	This process will continue in FY2026						

CARF Standard	Program/Area of Focus	Issue Identified (Gaps & Opportunities)	Objective	Resources Required (People / $)	Time Frame (eg. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Services purchased or contracted	Transition to new IT managed service provider	Evaluated current service provider, explored marketplace including other providers in developmental services. Determined PTI required a new service provider to meet our innovation and growth needs.	Maintain and where possible improve a secure and efficient IT infrastructure to support business applications and provide responsive help desk support Transition to new provider by Q3	IMT Manager CFO, CLTO, ITI	2024	Oct 2024	Oct 2024

Q1	IMT shared multiple resources with CLTO (access information, security framework, "How To's", etc.). IMT worked with ITI toward a smooth transition to CLTO.
Q2	Transition to new provider - CLTO
Q3	Weekly virtual meetings with CLTO to ensure successful transition.
Q4	Weekly virtual meetings are on-going to ensure consistency within our IMT services.
Year End Report Back	Although PTI has successfully transitioned to a new IT managed service provider, a few items remain with the previous provider such as licenses, etc.
Year End Gap Analysis	PTI transitioned most of its support to CLTO. SharePoint support was not included in the SLA and this will be addressed in FY2026

CARF Standard	Program/Area of Focus	Issue Identified (Gaps & Opportunities)	Objective	Resources Required (People / $)	Time Frame (eg. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Communication Technologies	IMT Work Plan Review	CARF Requirement	In CARF Standard 1.J.2. element requires review of the technology and system plan *at least annually*.	IMT Manager CFO	2024	Mar 2025	Ongoing
Q1	Completed.						
Q2	Completed.						
Q3	Completed.						
Q4	Completed.						
Year End Report Back	The technology and system plan have been reviewed.						
Year End Gap Analysis	The work plan will be reviewed and revised to ensure that we maintain appropriate technology standards and to enable IMT to focus on staff education and customer service.						

CARF Standard	Program/Area of Focus	Issue Identified (Gaps & Opportunities)	Objective	Resources Required (People / $)	Time Frame (eg. mm/yyyy)		
					Year Initiated	Target Date	Date Completed
Communication Technologies	Expand SharePoint Utilization	Fragmented use of common drive and SharePoint resources	Increase SharePoint utilization for entire organization. Migrate all depts from Common drive to SP and one drive	Client Services HR, Finance, IMT	2024	Mar 2025	In Progress
Q1	Authored and propose a revised permission structure/security framework affecting Teams/SharePoint/One Drive/Active Directory with former ITI/infrastructure vendor and pending CLTO/Infrastructure vendor to facilitate transition to Teams/SharePoint/OneDrive. This security framework will facilitate access to SharePoint resources by distributing permission granting among various identified groups. As files migrate from the common drive to SharePoint, access will be important and thus the security framework should address this on a site& role-based structure.						
Q2	Constructed 47 client services team sites. SIL migrated to SharePoint						
Q3	Bethesda Flat, Burnham St, Charles St, Haig rd. Mitchell Rd – migrated to SharePoint.						
Q4	Web 2 is in the pre-migration phase of being organized into the SP file structure, then we will review folder/file path names for length and illegal characters						
Year End Report Back	IMT fell short on this target and PTI is only partially migrated to SP.						
Year End Gap Analysis	IMT fell short on this target and PTI is only partially migrated to SP. VDI and the Nutanix server support services were extended to continue to support use/access to the common drive and SP.						

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